
ATTACHMENT J - 17.8

**PRIOR AUTHORIZATION PROCESS FOR
DURABLE MEDICAL EQUIPMENT
PROSTHETICS, ORTHOTICS
AND SUPPLIES REVISED**

DEPARTMENT OF HEALTH CARE FINANCE

HEALTH CARE ACCOUNTABILITY ADMINISTRATION	POLICY AND PROCEDURES
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SUBJECT: Prior Authorization Process for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for the DC Medicaid Fee for Service (FFS) program

Effective Date:
June 15, 2009

Last Date Revised
April 29, 2009

Policy:

The District of Columbia Department of Health Care Finance's (DHCF) Medicaid program covers durable medical equipment, prosthetics, orthotics, and supplies (DME/POS), that are required to aid or improve activities of daily living when equipment and supplies are prescribed by a physician or authorized prescriber (requesting provider) and are deemed medically necessary.

As stated in the DC Medicaid State Plan (Supplement 1 to Attachment 3.1A, Page 20B) prior authorization is required for:

- prosthetic devices not included within the DHCF fee schedule; and
- medical supplies and equipment in excess of specific limitations, i.e., cost, rental or lease equipment, certain procedure codes.

DHCF's DME/POS Provider Billing Manual further states that prior authorization is required for:

- durable medical equipment costing more than \$500.00; and
- repair of purchased equipment that exceeds 75% of the purchase price of the equipment.

Equipment, supplies and repairs that require prior authorization are listed in the attached document entitled 'List of DC Medicaid Covered Durable Medical Equipment, Prosthetics Orthotics and Supplies (DME/POS)'.

DHCF contracts with a federally recognized Quality Improvement Organization (QIO) to verify the medical necessity for requested DME/POS. DHCF's QIO will execute the prior authorization process in advance of a DME/POS vendor (billing provider) supplying DME/POS for a Medicaid beneficiary in accordance with the DC Medicaid State Plan and DHCF's DME/POS Provider Billing Manual.

Prior authorization for DME/POS will be requested via a 719A Form. The 719A Form is the requesting provider's written prescription for DME/POS. Depending on the enrollment status of the Medicaid beneficiary, one of two (2) versions of the 719A Form will be utilized for:

- beneficiaries enrolled in the Intellectual and Developmental Disabilities (IDD) waiver [formerly the Mental Retardation Developmental Disability (MRDD) waiver]; or

- beneficiaries enrolled in any other FFS program.

Authorization of DME/POS is valid for a period of six (6) months.

This document describes the policies and procedures that DHCF and DHCF's QIO will follow in authorizing Medicaid payments for DME/POS.

Purpose:

To help ensure that beneficiaries receive DME/POS that best aid or improve activities of daily living and to make efficient use of Medicaid and beneficiary resources.

Procedures:

I. Requesting (Prescribing) Provider Requests Approval:

1. Every requesting provider is to complete fields 1A-F, 2A-E, 3, 4, 5, 6, 8, 10, 13, and 15A-B of the 719A Form by identifying the appropriate Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes for the DME/POS; in addition to providing the justification on the need for the DME/POS.
2. The requesting provider transmits (via mail, fax, or web portal (when available)) the 719A Form and clinical documentation that supports the requested services to the billing provider; or gives the 719A Form to the beneficiary for delivery to the billing provider.

II. Billing Provider forwards 719A Form to QIO Prior Authorization Unit

1. The billing provider receives the 719A Form via mail, fax, or web portal (when available) from the requesting provider; or via hand delivery from the beneficiary.
2. Every billing provider is to insert its business name and DC Medicaid ID number in the upper right corner of the 719A Form.
3. Every billing provider is to enter the HCPCS code with the appropriate modifier for the equipment or service being requested into field 7 of the 719A Form.
4. Every billing provider is to complete field 11 of the 719A Form by estimating the customary and usual charge for the requested service or equipment.
5. The billing provider transmits the request to the QIO Prior Authorization Unit via mail, fax, or web portal (when available).
6. 719A Forms submitted for beneficiaries in the IDD waiver program will be identified by a 'IDD' or 'DDA' stamp, or a handwritten 'DDA' on the 719A Form.

III. QIO Prior Authorization Process

A Prior Authorization Process

1. **Beneficiary and provider eligibility verification.** The QIO Prior Authorization Unit will implement the prior authorization process by verifying the:
 - a. Beneficiary's Medicaid ID number (located in the MMIS Recipient Subsystem screen), including the beneficiary's active coverage period, as follows:
 - Date of services requested shall not exceed beneficiary's eligibility start and end dates;

- If the beneficiary's eligibility end date is '999999', he or she is eligible for services indefinitely; and
 - Presence of appropriate Medicaid program eligibility codes.
- b. Provider's status as a Medicaid provider (located in the MMIS Provider Subsystem screen):
- Provider not enrolled in DC Medicaid program → Not eligible to provide services;
 - Active Status (01) → Eligible to provide services; or
 - Inactive Status → Not eligible to provide services.
- c. Requesting provider signature and date on required documentation.
2. **Clinical review.** The QIO Prior Authorization Unit will review the 719A Form and supporting documentation for the:
- a. Presence of appropriate diagnosis and procedure codes; and
 - b. Written justification and supporting documentation.

If the 719A Form contains an imprecise HCPCS procedure code, such as a miscellaneous "99" code, the QIO Prior Authorization Unit will request that the billing provider resubmit the 719A Form using more precise HCPCS procedure code(s), if available. If a miscellaneous code continues to be used, the QIO will forward the PA request to DHCF's Utilization Management unit who will discuss the miscellaneous coding with the DME/POS vendor.

The QIO will use medical criteria approved by DHCF to approve or deny payment.

3. **Data submission to MMIS.** If the request for DME/POS is approved, the QIO Prior Authorization Unit remotely and electronically enters approval data into the MMIS Prior Authorization Subsystem. Upon the entry of all necessary data, a prior authorization number is generated. The data entry process includes populating the following fields:
- a. approval status → A (indicating approval);
 - b. provider letter status → Y (mail letter to provider);
 - c. beneficiary's Medicaid ID number;
 - d. billing provider's Medicaid ID number;
 - e. approver's MMIS Approval ID Number;
 - f. dates of service range;
 - g. referring provider's (physician or authorized prescriber) Medicaid ID number;
 - h. status → A (indicating approval);
 - i. type of procedure → 1 (indicating purchase of item);
 - j. procedure code(s);
 - k. modifier → RR (indicating rental of equipment);
 - l. diagnosis code;
 - m. requested units for each procedure code requested by billing provider;
 - n. estimated charge(s) submitted by billing provider;
 - o. QIO's approved units;
 - p. QIO's approved dollar amount; and

q. Comments provided by QIO.

3. **Pricing.** If the request for DME/POS is approved, the QIO will adhere to the guidance below when entering data into the 'Approved Amount' field of the MMIS Prior Authorization Subsystem.
 - a. If the estimated charge of the DME/POS is equal to or greater than, the dollar amount included in the current DHCF fee schedule, the QIO will enter '00'.
 - b. If the estimated charge of the DME/POS is less than the dollar amount included in the current DHCF fee schedule, the QIO will enter the estimated charge.
 - c. If a HCPCS procedure code for DME/POS does not have a price on the current District Medicaid Fee Schedule, the 719A Form is forwarded to DHCF for manual pricing.
4. **Transmittal of approval to billing provider.** The QIO faxes to the billing provider notification that includes a prior authorization number, approved dates of service range, approved HCPCS or CPT codes, approved reimbursement total, and approved units.

B. Timelines

1. The QIO Prior Authorization Unit will return all incomplete 719A Forms to the requesting provider via fax immediately. No action will be taken by the QIO until a complete 719A Form is received.
2. Within five (5) business days of the receipt of a complete 719A Form for a beneficiary enrolled in either the IDD waiver or any other FFS program, the QIO Prior Authorization Unit will conduct a review of the information submitted, and fax to the billing provider all determinations, including information on appeal rights for denials.
3. If the requested DME/POS is not included in the current DC Medicaid fee schedule:
 - a) For beneficiaries enrolled in the IDD waiver:
 - Within two (2) business days of the receipt of the complete IDD waiver 719A Form (identified by a handwritten or stamped 'IDD' or 'DDA'), the QIO will:
 - notify the billing provider, via fax, that their request has been forwarded to DHCF for review; and
 - contact DHCF, via phone, to present the beneficiary's clinical detail and other information that will help in the manual pricing of the requested DME/POS.
 - Within two (2) business days of the call between DHCF and the QIO, DHCF will fax a decision to the QIO that will include the price for the requested DME/POS.
 - The QIO will fax a prior authorization decision to the billing

provider within five (5) business days of the receipt of the original 719A Form.

b) For beneficiaries enrolled in all other FFS programs, except the IDD waiver:

- Within five (5) business days of the receipt of the 719A Form, the QIO Prior Authorization Unit will notify the billing provider that their request has been forwarded to DHCF for review; and will fax the complete 719A Form and supporting documentation to DHCF.
- Within five (5) business days of receipt of the 719A Form and supporting documentation from the QIO, DHCF will review the request, and fax a decision to the QIO.
- The QIO will fax a decision to the billing provider within ten (10) business days of the receipt of the original 719A Form.

C. Tracking

The QIO will maintain a tracking log of all prior authorization requests and transactions, which includes the following:

- a. beneficiary name and Medicaid ID number;
- b. requesting physician name and Medicaid ID number;
- c. billing provider name;
- d. date of service;
- e. the type of service requested;
- f. date of determination; and
- g. prior authorization number issued.

The tracking log will be updated monthly on the QIO's web portal, under 'Out Patient'.

III. Billing Provider Submits Claim to ACS

All DME/POS claims submitted to DHCF for payment must include the prior authorization number provided by the QIO (which is obtained and generated from the MMIS system) in Box 23 of the CMS 1500 as part of their claim submission.

IV. Appeals Process:

- A The billing provider may fax a request for reconsideration to the QIO Prior Authorization Unit.
- B The QIO Prior Authorization Unit will:
 1. Arrange for a reviewer, other than the reviewer who performed the initial review, to perform the reconsideration review; and
 2. Issue the reconsideration decision within twenty-one (21) business days of the reconsideration request.
 - If approved, the QIO Prior Authorization Unit electronically and remotely enters the approval data into the Prior Authorization Subsystem of the MMIS and QIO Web Portal.
 - If not approved, provide written notification of denied services including information on appeal rights.

V. Customer Service

- A The QIO Prior Authorization Unit will respond to provider and beneficiary inquiries regarding prior authorization requests.
- B If the QIO Prior Authorization Unit is unable to adequately answer billing provider and/or beneficiary inquiries, the QIO Director of DC Medicaid Programs will respond.
- C If neither the QIO Prior Authorization Unit, nor the QIO Director of DC Medicaid Programs, is able to adequately answer provider or beneficiary inquiries, the DHCF Contracting Officer's Technical Representative will respond.

Attached Materials:

List of DC Medicaid Covered Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME/POS)

Responsible Approving Manager: <i>Ann Pa</i>	Date: 5/13/09
DHCF Approval: <i>[Signature]</i>	Date: 5/13/09

Attachment

Policy and Procedures for the Prior Authorization of DME/POS for the DC Medicaid FFS Program

LIST OF DC MEDICAID COVERED DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS & SUPPLIES (DME/POS)			
Type of Procedure	Procedure Code	Description	Prior Authorization Required?
DME REN	K0826 RR	PWC GP 2 VHD SEAT/BACK	Y
DME REN	K0839 RR	PWC GP2 VHD SING POW OPT	Y
DME REN	E0652 RR	PNEUMATIC COMPRESSOR, SEG	Y
DME REN	K0859 RR	PWC GP3 HD SING POW OPT C	Y
DME REN	K0828 RR	PWC GP 2 XTRA HD SEAT/BAC	Y
DME REN	K0853 RR	PWC GP 3 VHD CAP CHAIR	Y
DME REN	E1008 RR	PWR SEAT COMBO PWR SHEAR	Y
DME REN	K0855 RR	PWC GP 3 XHD CAP CHAIR	Y
DME REN	K0863 RR	PWC GP3 VHD MULT POW OPT	Y
DME REN	E0483 RR	HIGH FREQ CHEST WALL OSCI	Y
DME REN	E0450 RR	VOLUME VENTILATOR; STATIO	Y
DME REN	E2402 RR	NEGATIVE PRESSURE WOUND T	Y
DME REN	E0194 RR	AIR FLUIDIZED BED; DME RE	Y
HCPCS	A4421	OSTOMY SUPPLY; MISCELLANE	Y
HCPCS	K0108	OTHER ACCESSORIES	Y
HCPCS	L3251	FOOT, SHOE MOLDED TO PATI	Y
HCPCS	L2114	AFO, FRACTURE ORTHOSIS, T	Y
HCPCS	E2617	CUSTOM FAB W/C BACK CUSHI	Y
HCPCS	E0372	POWERED AIR OVERLAY FOR M	Y
HCPCS	E2368	POWER WC MOTOR REPLACEMEN	Y
HCPCS	E1226	FULL RECLINING BACK FOR C	Y
HCPCS	K0001	STANDARD WHEELCHAIR BASE	Y
HCPCS	L3960	SHOULDER ELBOW WRIST HAND	Y
HCPCS	L2526	ADDITION TO LOWER EXTREMI	Y
HCPCS	L5673	SOCKET INSERT W LOCK MECH	Y
HCPCS	E2620	WC PLANAR BACK CUSH WD <2	Y
HCPCS	L0635	LSO SAGIT RIGID PANEL PRE	Y
HCPCS	L5716	ADDITION, EXOSKELETAL KN	Y
HCPCS	L5811	ADDITION, ENDOSKELETAL KN	Y
HCPCS	L0456	TLSO FLEX PREFAB	Y
HCPCS	L5647	ADDITION TO LOWER EXTREM	Y
HCPCS	L0631	LSO SAG-CORO RIGID FRAME	Y
HCPCS	E1171	AMPUTEE WHEELCHAIR, FIXED	Y
HCPCS	E1090	HIGH STRENGTH LIGHTWEIGHT	Y
HCPCS	L0637	LSO SAG-CORONAL PANEL PRE	Y
HCPCS	L0639	LSO S/C SHELL/PANEL PREFAB	Y
HCPCS	L5848	KNEE-SHIN SYS HYDRAUL STA	Y
HCPCS	K0003	LIGHTWEIGHT WHEELCHAIR	Y
HCPCS	E2375	NON-EXPANDABLE CONTROLLER	Y
HCPCS	E0650	PNEUMATIC COMPRESSOR, NON	Y
HCPCS	E0620	SKIN PIERCE LASER FOR COL	Y
HCPCS	L1932	AFO RIG ANT TIB PREFAB TC	Y
HCPCS	L5706	ALL LOWER EXTREMITY PROST	Y
HCPCS	L5964	ADDITION, ENDOSKELETAL SY	Y
HCPCS	E0691	UVL PNL 2 SQ FT OR LESS	Y
HCPCS	L0486	TLSO RIGIDLINED CUST FAB	Y
HCPCS	L0460	TLSO2MOD SYMPHYSIS-STERN	Y

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	E1250	LIGHTWEIGHT WHEELCHAIR, F	Y
HCPCS	E0601	CONTINUOUS AIRWAY PRESSUR	Y
HCPCS	L2132	KAFO, FRACTURE ORTHOSIS,	Y
HCPCS	E2609	CUSTOM FABRICATE W/C CUSH	Y
HCPCS	L5722	ADDITION, EXOSKELETAL KN	Y
HCPCS	L3968	SEO, MOBILE ARM SUPPORT A	Y
HCPCS	L5818	ADDITION, ENDOSKELETAL KN	Y
HCPCS	E0250	HOSPITAL BED, FIXED HEIGH	Y
HCPCS	L2000	KNEE ANKLE FOOT ORTHOSES	Y
HCPCS	E2370	PWR WC MOTOR/GEAR BOX COM	Y
HCPCS	E1810	DYNAMIC ADJUSTABLE KNEE E	Y
HCPCS	L5960	ADDITION, ENDOSKELETAL S	Y
HCPCS	E1084	HEMI-WHEELCHAIR, DETACHAB	Y
HCPCS	E1160	WHEELCHAIR, FIXED FULL LE	Y
HCPCS	L5681	INTL CUSTM CONG/LATYP INS	Y
HCPCS	L0859	MRI COMPATIBLE SYSTEM	Y
HCPCS	E1270	LIGHTWEIGHT WHEELCHAIR, F	Y
HCPCS	L1686	HO, ABDUCTION CONTROL OF	Y
HCPCS	E1220	WHEELCHAIR; SPECIALLY SIZ	Y
HCPCS	L1945	AFO, MOLDED TO PATIENT MO	Y
HCPCS	L2108	AFO, FRACTURE ORTHOSIS, T	Y
HCPCS	E1140	WHEELCHAIR, DETACHABLE AR	Y
HCPCS	L6709	TERM DEV MECH HAND VOL CL	Y
HCPCS	E1010	WHEELCHAIR ACCESSORY, ADD	Y
HCPCS	L2020	KAFO, DOUBLE UPRIGHT, FRE	Y
HCPCS	E0500	IPPB MACHINE, ALL TYPES,	Y
HCPCS	L0464	TLSO 4MOD SACRO-SCAP PRE	Y
HCPCS	E1190	AMPUTEE WHEELCHAIR, DETAC	Y
HCPCS	L2136	KAFO, FRACTURE ORTHOSIS,	Y
HCPCS	L5010	PARTIAL FOOT, MOLDED SOCK	Y
HCPCS	L6707	TERM DEV MECH HOOK VOL CL	Y
HCPCS	L0482	TLSO RIGID LINED CUSTOM F	Y
HCPCS	A4220	REFILL KIT FOR IMPLANTABL	Y
HCPCS	L3649	ORTHOPEDIC SHOE, MODIFICA	Y
HCPCS	L6639	HEAVY DUTY ELBOW FEATURE	Y
HCPCS	E2373	HAND/CHIN CTRL SPEC JOYST	Y
HCPCS	L3900	WHFO, DYNAMIC FLEXOR HING	Y
HCPCS	E0693	UVL SYS PANEL 6 FT	Y
HCPCS	L5510	PREPARATORY, BELOW KNEE	Y
HCPCS	E1087	HIGH STRENGTH LIGHTWEIGHT	Y
HCPCS	L1844	KO, SINGLE UPRIGHT, THIGH	Y
HCPCS	L5824	ADDITION, ENDOSKELETAL KN	Y
HCPCS	L5643	ADDITION TO LOWER EXTREM	Y
HCPCS	E1290	HEAVY DUTY WHEELCHAIR, DE	Y
HCPCS	K0806	POV GROUP 2 STD UP TO 300	Y
HCPCS	L6905	HAND RESTORATION (CASTS,	Y
HCPCS	E2504	SGD PREREC MSG>20MIN <=40	Y

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	L8500	ARTIFICIAL LARYNX, ANY TY	Y
HCPCS	E1236	FOLDING PED WC ADJUSTABLE	Y
HCPCS	E1060	FULLY-RECLINING WHEELCHAIR	Y
HCPCS	E1093	WIDE HEAVY DUTY WHEELCHAIR	Y
HCPCS	L2038	KAFO, FULL PLASTIC, WITHO	Y
HCPCS	L1300	OTHER SCOLIOSIS PROCEDURE	Y
HCPCS	E1238	FLD PED WC ADJUSTABL W/O S	Y
HCPCS	L5990	USER ADJUSTABLE HEEL HEIG	Y
HCPCS	L1500	THORACIC HIP KNEE ANKLE O	Y
HCPCS	L2036	KAFO, FULL PLASTIC, DOUBL	Y
HCPCS	L5530	PREPARATORY, BELOW KNEE "	Y
HCPCS	E1800	DYNAMIC ADJUSTABLE ELBOW	Y
HCPCS	L0700	CERVICAL THORACIC LUMBAR	Y
HCPCS	L1000	CERVICAL THORACIC LUMBAR	Y
HCPCS	L5560	PREPARATORY, ABOVE KNEE-	Y
HCPCS	E1234	FLD PED WC TLTNPC W/O SE	Y
HCPCS	E1815	DYNAMIC ADJUSTABLE ANKLE	Y
HCPCS	L5726	ADDITION, EXOSKELETAL KN	Y
HCPCS	E2300	PWR SEAT ELEVATION SYS	Y
HCPCS	L6110	BELOW ELBOW, MOLDED SOCKE	Y
HCPCS	K0801	POV GROUP 1 HD 301-450 LB	Y
HCPCS	E1232	FOLDING PED WC TILT-IN-SP	Y
HCPCS	L8691	AUD OSSEO DEV EXT SND PRO	Y
HCPCS	K0005	ULTRALIGHTWEIGHT WHEELCHA	Y
HCPCS	L5050	ANKLE, SYMES, MOLDED SOCK	Y
HCPCS	L5301	BK MOLD SOCKET SACH FT EN	Y
HCPCS	L6300	SHOULDER DISARTICULATION,	Y
HCPCS	K0007	EXTRA HEAVY DUTY WHEELCHA	Y
HCPCS	E2311	ELECTRO CONNECT BTW 2 SYS	Y
HCPCS	L5590	PREPARATORY, ABOVE KNEE K	Y
HCPCS	K0813	PWC GP 1 STD PORT SEAT/BA	Y
HCPCS	L5613	ADDITION TO LOWER EXTREMI	Y
HCPCS	L0810	HALO PROCEDURE, CERVICAL	Y
HCPCS	E1230	POWER OPERATED VEHICLE (T	Y
HCPCS	L7260	ELECTRONIC WRIST ROTATOR,	Y
HCPCS	L6130	BELOW ELBOW, MOLDED DOUBL	Y
HCPCS	K0820	PWC GP 2 STD PORT SEAT/BA	Y
HCPCS	E0221	INFRARED HEATING PAD SYST	Y
HCPCS	E1805	DYNAMIC ADJUSTABLE WRIST	Y
HCPCS	L5840	ADDITION, ENDOSKELETAL KN	Y
HCPCS	L7007	ADULT ELECTRIC HAND	Y
HCPCS	L6624	FLEX/EXT/ROTATION WRIST U	Y
HCPCS	L7009	ADULT ELECTRIC HOOK	Y
HCPCS	L1005	TENSION BASED SCOLIOSIS O	Y
HCPCS	L5781	LOWER LIMB PROS VACUUM PU	Y
HCPCS	K0012	LIGHTWEIGHT PORTABLE MOTO	Y
HCPCS	L5321	AK OPEN END SACH	Y

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	L5200	ABOVE KNEE, MOLDED SOCKET	Y
HCPCS	K0815	PWC GP 1 STD SEAT/BACK	Y
HCPCS	L5701	REPLACEMENT, SOCKET, ABOV	Y
HCPCS	L5814	ADDITION, ENDOSKELETAL KN	Y
HCPCS	K0808	POV GROUP 2 VHD 451-600 L	Y
HCPCS	L5980	ALL LOWER EXTREMITY PROST	Y
HCPCS	L5105	BELOW KNEE, PLASTIC SOCKE	Y
HCPCS	E1830	DYNAMIC ADJUSTABLE TOE EX	Y
HCPCS	E8002	ANTERIOR GAIT TRAINER	Y
HCPCS	L6881	AUTOGRASP FEATURE UL TERM	Y
HCPCS	K0822	PWC GP 2 STD SEAT/BACK	Y
HCPCS	K0835	PWC GP2 STD SING POW OPT	Y
HCPCS	K0841	PWC GP2 STD MULT POW OPT	Y
HCPCS	L2999 LT	LOWER EXTREMITY ORTHOSES,	Y
HCPCS	L8683	RADIOFQ TRSMTR FOR IMPLT	Y
HCPCS	E0303	HOSP BED HVY DTY XTRA WID	Y
HCPCS	K0824	PWC GP 2 HD SEAT/BACK	Y
HCPCS	K0837	PWC GP 2 HD SING POW OPT	Y
HCPCS	E0986	MAN W/C PUSH-RIM POW ASSI	Y
HCPCS	K0010	STANDARD WEIGHT FRAME MOT	Y
HCPCS	L5341	HEMIPELVECTOMY CANADIAN S	Y
HCPCS	K0849	PWC GP 3 STD CAP CHAIR	Y
HCPCS	L8609	ARTIFICIAL CORNEA	Y
HCPCS	K0843	PWC GP2 HD MULT POW OPT S	Y
HCPCS	E1005	WHEELCHAIR ACCESSORY, POW	Y
HCPCS	K0861	PWC GP3 STD MULT POW OPT	Y
HCPCS	K0857	PWC GP3 STD SING POW OPT	Y
HCPCS	K0851	PWC GP 3 HD CAP CHAIR	Y
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEG	Y
HCPCS	K0828	PWC GP 2 VHD SEAT/BACK	Y
HCPCS	K0839	PWC GP2 VHD SING POW OPT	Y
HCPCS	L6025	PART HAND DISART MYOELECT	Y
HCPCS	K0859	PWC GP3 HD SING POW OPT C	Y
HCPCS	K0828	PWC GP 2 XTRA HD SEAT/BAC	Y
HCPCS	L5987	ALL LOWER EXTREMITY PROST	Y
HCPCS	L7274	PROPORTIONAL CONTROL, 6 1	Y
HCPCS	K0853	PWC GP 3 VHD CAP CHAIR	Y
HCPCS	E0450	VOLUME VENTILATOR	Y
HCPCS	L5857	ELEC KNEE-SHIN SWING ONLY	Y
HCPCS	E1008	PWR SEAT COMBO PWR SHEAR	Y
HCPCS	K0855	PWC GP 3 XHD CAP CHAIR	Y
HCPCS	K0863	PWC GP3 VHD MULT POW OPT	Y
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT	Y
HCPCS	L8614	COCHLEAR DEVICE/SYSTEM	Y
HCPCS	L5999	LOWER EXTREMITY PROSTHESI	Y
DME RENTA	E0193 RR	POWERED AIR FLOTATION BED	Y
DME RENTA	E0636 RR	MULTIPOSITIONAL PATIENT S	Y

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	L6686	UPPER EXTREMITY ADDITION,	Y
HCPCS	L1832	KO, ADJUSTABLE KNEE JOINT	Y
HCPCS	L1970	AFO, PLASTIC MOLDED TO PA	Y
HCPCS	E2341	W/C WDTN 24-27 IN SEAT FR	Y
HCPCS	E0600	RESPIRATORY SUCTION PUMP,	Y
HCPCS	L0458	TLSO 2MOD SYMPHIS-XIPHO P	Y
HCPCS	L6623	UPPER EXTREMITY ADDITION,	Y
HCPCS	L2116	AFO, FRACTURE ORTHOSIS, T	Y
HCPCS	L0488	TLSO RIGID LINED PRE ONE	Y
HCPCS	E2100	BLD GLUCOSE MONITOR W VOI	Y
HCPCS	L5645	ADDITION TO LOWER EXTREM	Y
HCPCS	L0640	LSO S/C SHELL/PANEL CUSTO	Y
HCPCS	L5950	ADDITION, ENDOSKELETAL S	Y
HCPCS	L5816	ADDITION, ENDOSKELETAL KN	Y
HCPCS	E2343	W/C DPTH 22-25 IN SEAT FR	Y
HCPCS	L5718	ADDITION, EXOSKELETAL KN	Y
HCPCS	L1840	KO, DEROTATION, MEDIAL-LA	Y
HCPCS	L0462	TLSO 3MOD SACRO-SCAP PRE	Y
HCPCS	L1860	KO, MODIFICATION OF SUPRA	Y
HCPCS	L2134	KAFO, FRACTURE ORTHOSIS,	Y
HCPCS	L5883	INITIAL CUSTOM SOCKET INS	Y
HCPCS	L0638	LSO SAG-CORONAL PANEL CUS	Y
HCPCS	L2030	KAFO, DOUBLE UPRIGHT, FRE	Y
HCPCS	E0630	PATIENT LIFT, HYDRAULIC,	Y
HCPCS	L0636	LSO SAGITTAL RIGID PANEL	Y
HCPCS	L5705	CUSTOM SHAPED PROTECTIVE	Y
HCPCS	L0480	TLSO RIGID PLASTIC CUSTOM	Y
HCPCS	E0851	PNEUMATIC COMPRESSOR, SEG	Y
HCPCS	E0692	UVL SYS PANEL 4 FT	Y
HCPCS	L5851	ADDITION TO LOWER EXTREM	Y
HCPCS	L8499	UNLISTED PROCEDURE FOR MI	Y
HCPCS	E0255	HOSPITAL BED, VARIABLE HE	Y
HCPCS	L6020	PARTIAL HAND, ROBIN-AIDS,	Y
HCPCS	E1825	DYNAMIC ADJUSTABLE FINGER	Y
HCPCS	E0265	HOSPITAL BED, TOTAL ELECT	Y
HCPCS	L8035	CUSTOM BREAST PROSTHESIS	Y
HCPCS	L8890	AUD OSSEO DEV, INT/EXT CO	Y
HCPCS	L8682	IMPLT NEUROSTIM RADIOFQ R	Y
HCPCS	L7510	REPAIR OF PROSTHETIC DEVI	Y
HCPCS	L8819	COCHLEAR IMPLANT EXTERNAL	Y
DME REN	A8002 RR	SOFT PROTECT HELMET CUSTO	N
DME REN	A8004 RR	REPL SOFT INTERFACE, HELM	N
DME REN	E2393 RR	VALVE, PNEUMATIC TIRE TUB	N
DME REN	K0830 RR	PWC GP2 STD SEAT ELEVATE	N
DME REN	K0868 RR	PWC GP 4 STD SEAT/BACK	N
DME REN	K0870 RR	PWC GP 4 HD SEAT/BACK	N
DME REN	K0877 RR	PWC GP4 STD SING POW OPT	N

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Policy and Procedures for the Prior Authorization of DME/POS for the DC Medicaid FFS Program

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
DME REN	K0879 RR	PWC GP4 HD SING POW OPT S	N
DME REN	K0884 RR	PWC GP4 STD MULT POW OPT	N
DME REN	K0886 RR	PWC GP4 HD MULT POW S/B	N
DME REN	K0891 RR	PWC GP5 PED MULT POW OPT	N
DME REN	K0899 RR	POW MOBIL DEV NO SADMERC	N
DME REN	E2225 RR	CASTER WHEEL EXCLUDES TIR	N
DME REN	E1355 RR	STAND/RACK	N
DME REN	E0112 RR	CRUTCHES,UNDER ARM,PAIR (N
DME REN	E2371 RR	GR27 SEALED LEADACID BATT	N
DME REN	E0870 RR	TRACTION FRAME, ATTACHED	N
DME REN	E0665 RR	PNUEMATIC APPLIANCE FOR F	N
DME REN	E0165 RR	COMMODE,STATIONARY W/ DET	N
DME REN	E0840 RR	CERVICAL TRACTION,ATTACHE	N
DME REN	E0135 RR	WALKER,FOLDING,STANDARD (N
DME REN	E0235 RR	PARAFFIN BATH PORTABLE (R	N
DME REN	K0195 RR	ELEVATING LEG RESTS, COMP	N
DME REN	E0143 RR	FOLDING WALKER, WHEELED,	N
DME REN	E0310 RR	BED RAILS,STANDARD; DME R	N
DME REN	E0271 RR	MATTRESS, INNERSPRING	N
DME REN	E0181 RR	PRESSURE PAD, ALTERNATING	N
DME REN	A4480 RR	VABRA ASPIRATOR	N
DME REN	E0911 RR	HD TRAPEZE BAR ATTACH TO	N
DME REN	E0480 RR	PERCUSSOR, ELECTRIC OR PN	N
DME REN	E0958 RR	W/CHAIR,STD,ONE ARM DRIVE	N
DME REN	E0600 RR	SUCTION PUMP, HOME MODEL,	N
DME REN	E1031 RR	ROLLABOUT CHAIR, ANY AND	N
DME REN	E0565 RR	COMPRESSOR TRIMETER SILEN	N
DME REN	K0001 RR	STANDARD WHEELCHAIR	N
DME REN	E0425 RR	STATIONARY GASEOUS OXYGEN	N
DME REN	E1090 RR	HIGH STRENGTH LIGHTWEIGH	N
DME REN	E1160 RR	WHEELCHAIR,STD.,DET.ARMS	N
DME REN	E1140 RR	W/CHAIR DET ARM & ELEV LE	N
DME REN	E1220 RR	SPECIALLY SIZED OR CONST	N
DME REN	E1240 RR	WHEELCHAIR,LGT WGT/WITH D	N
DME REN	K0003 RR	LIGHT WEIGHT STRENGTH WHE	N
DME REN	E0650 RR	PNEUMATIC COMPRESSOR, NON	N
DME REN	E0730 RR	TRANSCUTANOUS NERVE STIMU	N
DME REN	E1260 RR	WHEELCHAIR,LGTWGT,W/DET A	N
DME REN	E2203 RR	FRAM DEPTH LESS THAN 22 I	N
DME REN	E0500 RR	IPPB MACHINES WITH MANUAL	N
DME REN	E1050 RR	WHEELCHAIR FULL,RECLINING	N
DME REN	E2376 RR	EXPANDABLE CONTROLLER, RE	N
DME REN	E1093 RR	WIDE HEAVY DUTY WHEELCHAI	N
DME REN	E0255 RR	HOSPITAL BED,WITH SIDE RA	N
DME REN	E0296 RR	HOSPITAL BED, TOTAL ELECT	N
DME REN	E1087 RR	W CHAIR,ACT DTY W/DET ARM	N
DME REN	E1280 RR	HEAVY DUTY WHEELCHAIR, DE	N

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
DME REN	E0274 RR	TABLE, OVER BED (P); DME R	N
DME REN	E2312 RR	MINI-PROP REMOTE JOYSTICK	N
DME REN	K0007 RR	EXTRA HEAVY DUTY WHEELCHA	N
DME REN	E0439 RR	LIQUID STATIONARY OXYGEN	N
DME REN	K0005 RR	ULTRALIGHT WHEELCHAIR (RE	N
DME REN	K0813 RR	PWC GP 1 STD PORT SEAT/BA	N
DME REN	E0265 RR	HOSP BED, TOTAL ELECTRIC W	N
DME REN	K0820 RR	PWC GP 2 STD PORT SEAT/BA	N
DME REN	E1300 RR	WHIRLPOOL BATH, PORTABLE (N
DME REN	K0815 RR	PWC GP 1 STD SEAT/BACK	N
DME REN	K0822 RR	PWC GP 2 STD SEAT/BACK	N
DME REN	K0012 RR	LIGHTWEIGHT MOTORIZED WHE	N
DME REN	K0835 RR	PWC GP2 STD SING POW OPT	N
DME REN	K0841 RR	PWC GP2 STD MULT POW OPT	N
DME REN	K0824 RR	PWC GP 2 HD SEAT/BACK	N
DME REN	K0837 RR	PWC GP 2 HD SING POW OPT	N
DME REN	K0849 RR	PWC GP 3 STD CAP CHAIR	N
DME REN	K0843 RR	PWC GP2 HD MULT POW OPT S	N
DME REN	K0010 RR	STANDARD WEIGHT FRAME MOT	N
DME REN	K0861 RR	PWC GP3 STD MULT POW OPT	N
DME REN	K0857 RR	PWC GP3 STD SING POW OPT	N
DME REN	K0851 RR	PWC GP 3 HD CAP CHAIR	N
HCPCS	A4601	LITH ION BATT, NON-PROS U	N
HCPCS	A8002	SOFT PROTECT HELMET CUSTO	N
HCPCS	A8004	REPL SOFT INTERFACE, HELM	N
HCPCS	E0639	MOVEABLE PATIENT LIFT SYS	N
HCPCS	E0740	INCONTINENCE TREATMENT SY	N
HCPCS	E0789	ELECTRIC WOUND TREATMENT	N
HCPCS	E2291	PLANAR BACK FOR PED SIZE	N
HCPCS	E2293	CONTOUR BACK FOR PED SIZE	N
HCPCS	E2399	NOC INTERFACE	N
HCPCS	E8000	POSTERIOR GAIT TRAINER	N
HCPCS	K0830	PWC GP2 STD SEAT ELEVATE	N
HCPCS	L4002	REPLACE STRAP, ANY ORTHOS	N
HCPCS	L5994	HEAVY DUTY FEATURE, KNEE	N
HCPCS	L6694	ELBOW SOCKET INS USE W/LO	N
HCPCS	L6696	CUS ELBO SKT IN FOR CON/A	N
HCPCS	L6698	BELOW/ABOVE ELBOW LOCK ME	N
HCPCS	L8622	ALKALINE BATTERY FOR USE	N
HCPCS	A4465 U2	NONELASTIC BINDER; RING Z	N
HCPCS	A7012	NEBULIZER WATER COLLEC DE	N
HCPCS	A4232	SYRINGE WITH NEEDLE FOR E	N
HCPCS	A7526	TRACHEOSTOMY TUBE COLLAR	N
HCPCS	E1902 U5	COMMUNICATION BOARD, NON-	N
HCPCS	A7007	LG VOL NEBULIZER DISPOSAB	N
HCPCS	A4255	PLATFORMS FOR BLD GLU MON	N
HCPCS	E1841	STATIC STR SHLDR DEV ROM	N

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	A4558	CONDUCTIVE PASTE OR GEL	N
HCPCS	A9900 U3	MISCELLANEOUS DME; PLATE	N
HCPCS	L3649 U2	ORTHOPEDIC SHOE ADDITION;	N
HCPCS	L3649 U4	ORTHOPEDIC SHOE ADDITION;	N
HCPCS	A4465 U4	NONELASTIC BINDER; UNIVER	N
HCPCS	A9900 U5	MISCELLANEOUS DME; LONG-S	N
HCPCS	A9900 U1	MISCELLANEOUS DME SUPPLY;	N
HCPCS	A9900 U7	MISCELLANEOUS DME;TRIANGL	N
HCPCS	A9300 U7	EXERCISE EQUIPMENT; WRITI	N
HCPCS	A4465 U6	NONELASTIC BINDER; ONE HA	N
HCPCS	E1902 U1	COMMUNICATION BOARD, NON-	N
HCPCS	A9300 U9	EXERCISE EQUIPMENT; TYPIN	N
HCPCS	A4605	TRACH SUCTION CATH CLOSE	N
HCPCS	A9300 UB	EXERCISE EQUIPMENT; TYPIN	N
HCPCS	K0043	FOOTREST, LOWER EXTENSION	N
HCPCS	A7010	DISPOSABLE CORRUGATED TUB	N
HCPCS	A9300 U1	EXERCISE EQUIPMENT; REACH	N
HCPCS	L7520	PROTHESIS DEVICE REPAIR,	N
HCPCS	A7045	REPL EXHALATION PORT FOR	N
HCPCS	K0195	ELEVATING LEG RESTS, PAIR	N
HCPCS	L8618	TRANSMITTER CABLE FOR USE	N
HCPCS	A4636 UA	REPLACEMENT, HANDGRIP, CA	N
HCPCS	E1039	TRANSPORT CHAIR PT WT>=25	N
HCPCS	A4230	INFUSION SET FOR EXTERNAL	N
HCPCS	E0315 U3	BED ACCESSORY: BOARD, TAB	N
HCPCS	K0108 U2	OTHER ACCESSORIES; STRAIG	N
HCPCS	A9300 U5	EXERCISE EQUIPMENT; WEIGH	N
HCPCS	K0018	DETACHABLE, ADJUSTABLE HE	N
HCPCS	E0154 52	PLATFORM ATTACHMENT, WALK	N
HCPCS	A5513	MULTI DEN INSERT CUSTOM M	N
HCPCS	A9300 U3	EXERCISE EQUIPMENT; STEAD	N
HCPCS	A7521	TRACH/LARYN TUBE CUFFED	N
HCPCS	E0154 TF	PLATFORM ATTACHMENT, WALK	N
HCPCS	E2206	COMPLETE WHEEL LOCK ASSEM	N
HCPCS	L3265	PLASTAZOTE SANDAL, EACH	N
HCPCS	K0041	LARGE SIZE FOOTPLATE, EAC	N
HCPCS	L3150	FOOT, ABDUCTION ROTATATIO	N
HCPCS	K0045	FOOTREST, COMPLTE ASSEM E	N
HCPCS	K0072	FRONT CASTER ASSEMBLY, CO	N
HCPCS	E1353	REGULATOR	N
HCPCS	A7041	WATER SEAL DRAIN CONTAIN	N
HCPCS	K0047	ELEVATING LEGREST, UPPER	N
HCPCS	L8616	MICROPHONE FOR USE WITH C	N
HCPCS	K0020	ADJUSTABLE HEIGHT ARMREST	N
HCPCS	E2601	GEN W/C CUSHION WDNTH < 22	N
HCPCS	E0315 U5	BED ACCESSORY: BOARD, TAB	N
HCPCS	E0261	HOSPITAL BED, SEMI-ELECTR	N

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Type of Procedure	Procedure Code	Description	Prior Authorization Required?
HCPCS	K0053	ELEVATING FOOTRESTS, ARTI	N
HCPCS	A4211	SUPPLIES FOR SELF ADMINIS	N
HCPCS	A4670	AUTOMATIC BLOOD PRESSURE	N
HCPCS	E1902 U3	COMMUNICATION BOARD, NON-	N
HCPCS	E0942 U2	CERVICAL HEAD HARNESS/HAL	N
HCPCS	L2395	ADDITION TO LOWER EXTREM	N
HCPCS	E0315 U1	BED ACCESSORY: BOARD, TAB	N
HCPCS	E0980	SAFETY VEST, WHEELCHAIR	N
HCPCS	K0015	DETACHABLE, NON ADJUSTABL	N
HCPCS	L3031	FOOT LAMIN/PREPREG COMPOS	N
HCPCS	L0622	SIO FLEX PELVISACRAL CUST	N
HCPCS	L2610	ADDITION TO LOWER EXTREMI	N
HCPCS	L6684	UPPER EXTREMITY ADDITION,	N
HCPCS	L2640	ADDITION TO LOWER EXTREMI	N
HCPCS	L1980	AFO, SINGLE UPRIGHT FREE	N
HCPCS	E2607	SKIN PRO/POS WC CUS WD <2	N
HCPCS	L3230	ORTHOPEDIC FOOTWEAR, CUST	N
HCPCS	E2611	GEN USE BACK CUSH WDTN <2	N
HCPCS	E2342	W/C DPTH 20-21 IN SEAT FR	N
HCPCS	L0492	TLSO 3 PIECE RIGID SHELL	N
HCPCS	E2605	POSITION WC CUSH WDTN <22	N
HCPCS	E0720	TENS, TWO LEAD, LOCALIZED	N
HCPCS	E0431	PORTABLE GASEOUS OXYGEN S	N
HCPCS	E0668	SEGMENTAL PNEUMATIC APP/	N
HCPCS	L1907	AFO SUPRAMALLEOLAR CUSTOM	N
HCPCS	L5982	ALL EXOSKELETAL LOWER EXT	N
HCPCS	E2613	POSITION BACK CUSH WD <22	N
HCPCS	E0217	WATER CIRCULATING HEAT PA	N
HCPCS	L5617	ADDITION TO LOWER EXTREMI	N
HCPCS	E2615	POS BACK POST/LAT WDTN <2	N
HCPCS	L0170	CERVICAL, COLLAR, MOLDED	N
HCPCS	L6689	UPPER EXTREMITY ADDITION,	N
HCPCS	L6895	TERMINAL DEVICE, GLOVE FO	N
HCPCS	L8465	PROSTHETIC SHRINKER, UPPE	N
HCPCS	L8515	GEL CAP APP DEVICE FOR TR	N
HCPCS	L8617	TRANSMITTING COIL FOR USE	N
HCPCS	L8615	HEADSET/HEADPIECE FOR USE	N